

CHAPTER 4

1. CHRONIC DISEASE PROBLEMS IN COMMUNITIES - 2003

RISK FACTORS FOR CHRONIC DISEASE

Local public health agencies were asked to rate risk factors associated with chronic disease on a scale ranging from an acute problem to not a problem in their community. A high percentage of agencies consider the following an acute or serious problem:

Tobacco use - 83% of agencies
Physical inactivity -76% of agencies
Unhealthy eating – 72% of agencies
(See Graph 8.1 and Data Tables 8.1.1 thru 8.1.3)

CHRONIC DISEASE PROBLEMS

Cardiovascular disease, including hypertension, heart disease and stroke, is rated as an acute or serious problem by 87% of agencies statewide; 61% also rate diabetes as an acute or serious problem. (See Graph 8.1 and Data Tables 8.1.10 and 8.1.13)

Colorectal cancer, and cancer of the skin, prostate and cervix are all consider to be somewhat of a problem by over 70% of agencies. More than 60% consider breast cancer and arthritis/osteoarthritis as somewhat of a problem. Lung cancer and asthma are considered somewhat of a problem by over 50% of agencies. (See Graph 8.1 and Data Tables 8.1.4 thru 8.1.11)

ACTIVITY RELATED TO CHRONIC DISEASE PREVENTION & CONTROL

Almost three fourths of agencies, on their own or in conjunction with the community, collect and analyze data to define the most severe chronic disease problems and their related risks; lack of resources prevents approximately 25% of agencies from doing this. Seventy percent (70%) or more of agencies have identified high risk or disproportionately affected population groups, and have been involved in developing and implementing community plans to control and prevent chronic disease. Lack of resources prevents approximately 30% of agencies from doing these two activities. (See Graphs 9.1 thru 9.5 and Data Tables 9.1 thru 9.5)

Over 60% of agencies have carried out the following chronic disease prevention and control activities during the past year: set objectives and desired outcomes; performed activities that reflect evidence-based strategies; identified community resources including funding that support the activities; identified a method to measure outcomes; and worked with major employers to introduce prevention strategies. Over 75% of agencies routinely issue news releases and conduct information campaigns. Fewer agencies (51%) are involved in public policy efforts to reduce behavioral risk and expand environmental supports like walking trails and lighted parks. (See Graph 10 and Data Tables 10.1 thru 10.12)

CHRONIC DISEASE PREVENTION AND CONTROL BARRIERS

DATA

Fifty-three percent (53%) of the agencies report that there is a moderate to substantial barrier to accessing local data to support chronic disease or risk factors as priorities. (See Graph 11.1 and Data Table 11.1)

STAFF CAPACITY

Eighty-nine percent (89%) of agencies indicated that there is a lack of financial resources to hire staff for chronic disease activities, and 74% indicated that there is a lack of time to plan and implement interventions. Knowledge of evidence-based chronic disease interventions is not considered a barrier, or only a limited barrier, by 68% of agencies; and 79% of agencies indicated there were limited or no barriers due to a lack of skill to lead implementation of evidence-based interventions. Fifty-three percent (53%) of agencies indicated there were limited or no barriers for staff development related to chronic disease prevention. (See Graphs 11.2.1 thru 11.2.5 and Data Tables 11.2.1 thru 11.2.5)

COMMUNITY READINESS

Seventy-two percent (72%) of agencies believe societal attitudes, poor education levels, or other factors causing non-support of chronic disease prevention and control strategies are moderate to substantial barriers. Most agencies (73%) believe there are no or limited barriers to governing body or stakeholder support, and 53% believe there are no or limited barriers because of lack of active community groups to participate in implementing chronic disease prevention and control strategies. During the past 12 months, over 90% of agencies worked with schools and seniors center on chronic disease prevention and control activities. Fewer agencies (65%) worked with major employers on chronic disease issues. (See Graphs 10 and 11.3.1 thru 11.4 and Data Tables 10.12 and 11.3.1 thru 11.4)